

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/553243
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/			51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	5	↓			↓			TOTAL REQ.	↓			↓	
TOTAL DEP.	24	←			←			TOTAL DEP.	←			←	
TOTAL CLAIMS	29	██████████			██████████			TOTAL CLAIMS	██████████			██████████	

BEST AVAILABLE COPY